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CONFIRMATION NO. 3174

<b>SERIAL NUMBER</b> 09/930,591	<b>FILING OR 371(c) DATE</b> 08/15/2001 <b>RULE</b>	<b>CLASS</b> 415	<b>GROUP ART UNIT</b> 1648	<b>ATTORNEY DOCKET NO.</b> TRIPEP.028AUS
<b>APPLICANTS</b> Matti Salberg, Ahsjo, SWEDEN; <i>Basgenh</i>				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/225,767 08/17/2000 and claims benefit of 60/229,175 08/29/2000 <i>Basgenh</i>				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY**</b> <i>Basgenh</i> ** 12/17/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 32
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance				<b>INDEPENDENT CLAIMS</b> 10
Verified and Acknowledged <i>BROOKLYN L</i> <i>BO</i> Examiner's Signature Initials				
<b>ADDRESS</b> 20995				
<b>TITLE</b> Hepatitis C virus non-structural NS3/4A fusion gene				
<b>FILING FEE RECEIVED</b> 1168	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	